



KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596

No.15739/A/DeanR/KUHS/2017

Dated: 29.01.2018.

NOTIFICATION

Applications are invited from the Principals of affiliated colleges of Kerala University of Health Sciences and other qualified Centers, as per revised PhD regulations of KUHS, **to register as recognised research centres of KUHS** according to the Provisions contained in the KUHS Act 2010 and Chapter 22 and 31 of the KUHS Statutes. The section 4 of the revised PhD regulations of KUHS stipulates the eligibility criteria for getting recognised as a Research Center under KUHS. Revised PhD regulations and application form are available in the KUHS website www.kuhs.ac.in.

Duly filled in application form should reach the undersigned on or before 15.02.2018.

Registrar

- Note:-1) Demand Draft for Rs.15000/-drawn in favour of the Registrar, KUHS should be attached, with the Application form towards inspection fee.
- 2) The Institution/college has to submit the application to the Registrar, KUHS for recognition of its department as research centre and should pay the inspection fee of Rs. 15000/-for each department.
- 3) Central/State Government Institutions or the institutions sponsored/funded by Central/State Government are exempted from the payment of inspection fee.

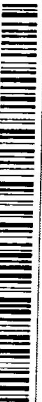
To

IT section (to publish in KUHS website).

Cc to PS to VC/PA to PVC/PA to Reqr/SF/OC

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KUHS, Thrissur

Application Form to Register as Recognised Research Centre of Kerala University Of Health Sciences

GENERAL INFORMATION

| | | |
|---|--|--|
| 1 | Date of Establishment | |
| 2 | Statement of Aims and objectives (Attach as appendix if necessary) | |
| 3 | Statement of financial resources including sources of income (Attach as appendix if necessary) | |
| 4 | Constitution of the organisation (Attach as appendix) | |
| 5 | Details of Governing body of the institution (Attach as appendix) | |

I. DETAILS OF THE INSTITUTION

| | | |
|---|---|--|
| 1 | Name of the Institute with location : | |
| | Postal Address | |
| | Telephone No | |
| | Mobile No. | |
| | E Mail | |
| 2 | Administrative Status of the Institution : (Society/Trust/Institution or any other) | |
| 3 | Head of the Institution/College/Centre (Designation) : | |
| | Name : | |
| | Address : | |
| | Telephone No. : | |
| | Mobile No. : | |
| | E Mail : | |
| 4 | Name of the authority or public body that (a) Finance to the Institution/College/Centre (b)Manages funds for the course that applied for : | |
| 5 | Name of the University/Agency with which the Institution/College/Centre is affiliated/recognised for research/courses/activities, if any : | |





| Sl.No. | Name of the Course / Activity | Status | Name of the University/Agency /Institution | Extend of utilisation of the Status/Funding |
|--------|--|--------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6 | Whether recognition is sought for the Institution as a whole or part | | | |
| | If part; name of the department / Activity of programme seeking recognition | | | |
| 7 | Details of other supporting departments/facilities available in the Institution (Attach as appendix if necessary) | | | |
| 8 | Is any other department or facility under the same Institution/College/Centre recognised as a research Canter, if so name and location and address | | | |
| 9 | Is any other department or facility under the same Institution seeking recognition as a research Institution, if so name, location and address | | | |

II. DETAILS OF INSTITUTION / COLLEGE

1. Total area of building – Plinth area :

(Attach copy of Approved plan)

| Sl. No. | Total Area | Total Area of res. labs | Library | Animal House | Stores (General) | Stores (Research) | Total Administrative Area | Admin-Area for Research |
|---------|------------|-------------------------|---------|--------------|------------------|-------------------|---------------------------|-------------------------|
| | | | | | | | | |
| | | | | | | | | |

2. Laboratory/work area & Details :

| Sl.No. | Laboratory | Area | Type of Research Activity (Experimental/Observational/Interventional/Translational/Interdisciplinary) | Methodology/Technology | Comments |
|--------|------------|------|---|------------------------|----------|
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3. List of Equipments :

| Sl.No. | Name of equipment | Source | Year of purchase/Installation/duration of rental | Application in Research/Teaching | Comments |
|-------------------------|--|---------------------------|--|----------------------------------|----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| If Outsourced Sl.No. | Technology/methodology/samples Approvals/information | Source (Address, Website) | Applications/Purpose | Reasons for outsourcing | Comments |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

4. Library facility : (Total area)

| Total Area | Total No. of Books | No. of Ref. Books | No. of Books related to area of research | No. of print journal | No. of e-journal | Physical verification/proof | Comments |
|------------|--------------------|-------------------|--|----------------------|------------------|-----------------------------|----------|
| | | | | | | | |

5. Animal House facility :

6. No. of Lecture Halls, if any :

7. Any other facilities supporting research :

8. Other facilities in the building :

- a) Common rooms :
- b) Toilets :
- c) Staff rooms :
- d) Auditorium
- e) Other courses :



III. DETAILS OF HOSPITAL FACILITIES AVAILABLE AND RELATED TO THE RESEARCH ACTIVITIES

| | | |
|---|----------------------------------|--|
| 1 | Number of beds | |
| 2 | Departments | |
| 3 | Whether teaching hospital or not | |
| 4 | Courses with number of seats | |
| 5 | Facilities | |

Please mention NA, if not applicable

IV. DETAILS OF FACULTY MEMBERS :

(Attach separate list of faculties stating the Designation, Qualification, Experience, Date of Joining with their signature etc. in the following format for each faculty)

| Name, Date of joining present Institution | Designation | Qualification | Subjects of Experience/ Research Expertise | Post doctoral/ Post MD/MS Teaching/Research (No. of years) | Full time/Part time |
|--|-------------|---------------|--|--|---------------------|
| Research Experience : | | | | | |
| Research supervision : | | | | | |
| External funded project : | | | | | |
| Area of Research Expertise : | | | | | |
| No. of publications after joining the centre : | | | | | |
| Research Projects involved : | | | | | |
| Total No of Publications | | | | | |
| Details of recognition/ Awards etc. if any | | | | | |





V. RESEARCH OUTPUT DURING THE LAST FIVE YEARS :

A. Publications in Peer reviewed Journals

(Limited to recent work done, attach list of publications) : 10 numbers

| Sl.No. | Publication | Publisher, Impact factor of J. (annual) | Citation | Comments on Journal | Comments on Article |
|--------|-------------|---|----------|---------------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

B. Details of Patents Received/Applied for :

| Sl.No. | Title | Authority | Ref.No. | | Comments |
|--------|-------|-----------|---------|--|----------|
| a | | | | | |
| b | | | | | |
| c | | | | | |

C. External Funded Research Projects Govt./Industry/Other sources :

| Sl. No. | Title of the Project | Name of Investigators | Funding agency, year of starting and completing | Amount sanctioned |
|---------|----------------------|-----------------------|---|-------------------|
| | | | | |
| | | | | |
| | | | | |

D. Projects Funded from Internal/Shared/Consultancy/Fees/Other sources :

| Sl. No. | Title of the Project | Name of Investigators | Funding agency, year of starting and completing | Amount sanctioned |
|---------|----------------------|-----------------------|---|-------------------|
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |





VI.ONGOING RESEARCH ACTIVITIES/PRELIMINARY STUDIES NOT INCLUDED IN THE ABOVE PROJECTS :

| Sl. No. | Title | Investigators | Status | Expected Future Projection/outcome | |
|---------|-------|---------------|--------|------------------------------------|--|
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |

Place:

Name and Signature of the Head of Institution

Date:

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